



BUENO Equity Assistance Center

University of Colorado
247 UCB • Boulder, CO 80309
Phone: 303-492-7371 • Fax: 303-492-2883 • Email: info@buenoeac.org

PROFESSIONAL DEVELOPMENT SERVICE REQUEST

Please complete and send this form at least four weeks prior to the date of service. Please provide a copy of your school or district's school improvement, diversity, or equity plan with this request. If you do not have a plan, we can help you to develop one. All information must be provided before your request can be confirmed. We will contact you upon receipt of the form.

Please identify the school/district administrator who will be present for the duration of the training.

School district:		Date submitted:	
Superintendent's name:		Superintendent's phone:	
Contact name:		Position:	
School:	Address:		
City:	State:	Zip Code:	
Phone:	Fax:	Email address:	

BACKGROUND

1. Previous race/gender/national origin Equity Professional Development offered by the Region VIII EAC:

2. Percent of students by gender, race, language groups:

Gender:	Male	%
	Female	%
Race:	African-American	%
	American Indian	%
	Asian/Pacific Islander	%
	Hispanic	%
	White	%
	Other	%

Language	Percent Speakers	Language	Percent Speakers
English:		Ojibwe:	
Spanish:		Lakota:	
Crow:		Dakota:	

3. Percentage of staff by gender and race:

Gender:	Male	%	Female	%
Race:	African-American	%	Caucasian	%
	American Indian	%	Asian/ Pacific Islander	%
	Hispanic	%	Other	%

Service Information

Please complete all items below.

Your responses will help our staff plan activities to achieve the objectives you desire. If you need assistance completing this form, please contact our office at (303)-492-7371.

Activity Information:

Activity:
Requested date(s) and time(s) of training:
Location (building, street address):

Participants: Please estimate the number of participants you expect to attend this event.

Administrators	Teachers	Community/Parents	Counselors	Classified Staff	Board Members

OBJECTIVE(S): What do you want participants to be able to do or know as a result of this activity?
NEED: What data did you use to determine this to be a need?
IMPACT: What impact on student achievement, staff performance and/or parent/community involvement do you expect from this activity?
Measurement: What type of data will you use to document the impact of this training?
Staff notes- office use only